

DATE: January 19, 1989

TO: Division of Shellfish Sanitation Staff

THROUGH: Eric H. Bartsch, P.E., Director  
Office of Water Programs

FROM: Cloyde W. Wiley, Director  
Division of Shellfish Sanitation

SUBJECT: Plants - Shellfish/Crustacea - Certification Periods and  
Cancellation/Deactivation/Reactivation Form

**DELETE** - Working Memo #S134

This working memo provides a single form on which a shellfish or crustacea dealer that is ending the season's operation can formally indicate to the Division that operations have ended, and can further indicate whether or not to leave the company name on the Virginia Certified Crabmeat Shippers List or the Interstate Certified Shellfish Shippers List.

Cancellation:

When a plant has ended operations for the season, the sanitarian should try to persuade the operator to check the first block and sign the form to request cancellation and removal of the company name from the shippers list (either shellfish or crustacea). This serves two purposes: the sanitarian no longer has to make monthly inspections of the plant, and the shippers list is not cluttered with names of inoperative plants.

If such a temporarily decertified dealer, as above, wants to resume operations prior to the beginning of the next certification period (Nov. 1 - Oct. 31), sanitarians may certify the plant for a maximum of 14 months (i.e. starting September 1) after correction of the Pre C & E deficiencies. If the shellfish dealer wants to resume operations in August, then certification only through October 31 of that year is allowed, though Pre C & E deficiencies do not have to be completed until time for new certification is to go into effect. Crustacea operations may not be certified for more than one year (April 1 - March 31).

Deactivation:

In some instances a dealer may have ended operations for the season, yet may want to keep the company name on the shippers list since product is still on the market (e.g. frozen, pasteurized, etc.). In this case, the sanitarian should have the dealer check the second block and sign the attached form to indicate that he is ending operations, but wants to remain on the shippers list (i.e. deactivated).

Reactivation:

Should a deactivated dealer want to resume operations during the certification period, (i.e. reactivated) a routine inspection of the plant by DSS is required before operation can resume.

The dealer must check the third block on a new form and sign it. In addition, the sanitarian shall sign the form, indicate the date of inspection, and note whether or not the inspection was satisfactory.

**PLANT CANCELLATION / DEACTIVATION / REACTIVATION FORM**

BUSINESS NAME

VA NO. \_\_\_\_\_ SHELLFISH DEALER

VA NO. \_\_\_\_\_ CRUSTACEA DEALER

**CHECK APPROPRIATE BOX BELOW:**

☐ **CANCELLATION:**

I request that the name of the operation be removed from the shippers list during the current certification period and that the Certificate of Inspection be revoked through this certification period. The above referenced plant will cease operations until the plant is reinspected and reissued a current Certificate of Inspection. (The purpose of this temporary revocation of the Certificate of Inspection is to remove those names from the shippers list which do not operate or otherwise handle product during certain portions of the certification period).

☐ **DEACTIVATION:**

I do hereby declare that the above designated business will not be operating for the period \_\_\_\_\_ until \_\_\_\_\_.

I wish to remain certified but on an inactive status and on the shippers list through this period. If at any time during this period I wish to resume operations, I will notify the Division of Shellfish Sanitation so that a plant inspection can be performed prior to operating. All plant repairs indicated on the precertification list must be completed prior to recertification for the next season. Failure to comply with the above will result in revocation of the current Certificate of inspection.

☐ **REACTIVATION:**

I wish to reactivate the plant.

Name (dealer)

Date

\_\_\_\_\_  
Title

Date of Inspection: \_\_\_\_\_ Satisfactory (Y/N):

Sanitarian:

CC: FDA